

WED 09-2006 11:59

INTERVET QA BIO MILLSBORO
PARK B - FEE(S) TRANSMISSION

3029344248

P.02/03

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

31846 7590 08/09/2006

INTERVET INC.
 PATENT DEPARTMENT
 PO BOX 318
 MILLSBORO, DE 19966-0318

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Diane Payne

(Depositor's name)

(Signature)

November 9, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,123	11/26/2003	Theodorus Cornelis Schaap	1-1998.407 US DU	1322

TITLE OF INVENTION: COCCIDIOSIS VACCINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$171	11/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BASKAR, PADMAVATHI	1645	424-184100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>1 Aaron L. Schwartz</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2 William M. Blackstone</u>
	<u>3 Mark W. Milstead</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE(B) RESIDENCE: (CITY and STATE OR COUNTRY) Boxmeer, Netherlands FC:1501 1400.00 DA

02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private entity 30.00 DA Government**4a. The following fee(s) are submitted:**

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s) overpayment, to Deposit Account Number 02-2334 (use deficiency, or credit any overpayment, to an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date November 9, 2006Typed or printed name Aaron L. SchwartzRegistration No. 48,181

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to be derived from the application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(and by the USPTO to process, including gathering, preparing, and transmitting the information. You will be required to complete this form and return it to the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia 22313-1450. Your OMB control number is 0651-0031.)

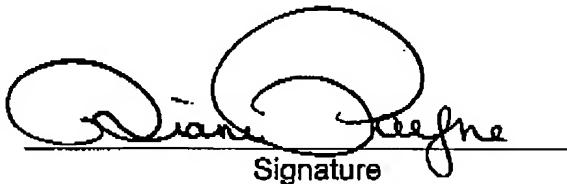


Certificate of Facsimile Transmission

I hereby certify that this correspondence is being faxed to facsimile no. (571) 273-2885 to the attention of:

Mail Stop: ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on November 9, 2006
Date



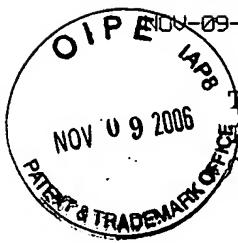
Signature

Diane Payne
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

USSN: 10/723,123
Filing Date: November 26, 2003
Confirmation No: 1322
Application of: Theodorus Cornelis Schaap *et al.*
For: Coccidiosis Vaccines
Group Art Unit: 1645
Customer No: 31846
Attorney Docket: I-1998.407 US D2

Part B – Fee(s) Transmittal PTOL-85 Form (1 page)
Facsimile Coversheet (1 page)
Certificate of Facsimile Transmission (1 page)



NOV 09 2006 11:59

INTERVET QA BIO MILLSBORO

3029344248 P.01/03



29160 Intervet Lane
P.O. Box 318
Millsboro, DE 19966-
0318
(302) 934-8051

November 9, 2006

3...pages including cover sheet.

PERSON TO:	COMPANY/DEPT TO:	FAX NUMBER:
------------	------------------	-------------

ISSUE FEE	United States Patent and Trademark Office	571-273-2885
-----------	--	--------------

PERSON FROM:	COMPANY/DEPT FROM:	FAX NUMBER:
--------------	--------------------	-------------

Diane Payne on behalf of Aaron L. Schwartz	Intervet Inc. Patent Dept.	302-934-4305
---	-------------------------------	--------------

USSN: 10/723,123

Confirmation No: 1322

Customer No: 31846

Attorney Docket No: I-1998.407 US D2

Please accept the documents which follow in the above-identified application.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN PROPRIETARY INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY US IMMEDIATELY BY TELEPHONE (COLLECT). THANK YOU.